

## Introduction

- Establishing and maintaining HIV care are important factors in preserving the health of people living with HIV and reducing the risk of transmission. Data from the HIV care continuum allows for identifying gaps in care and prioritization of resources.
- Among Hispanics/Latinos affected by HIV in the US, non-US-born individuals face distinctive barriers obtaining HIV care support services (1) and are often diagnosed with advanced HIV disease (Stage 3 AIDS) (2).
- Increasing HIV diagnoses rates among the Hispanic/Latino population in Georgia (+10% from 2014 to 2019) has prompted the Georgia Department of Public Health to compare care continuum measures of US born and foreign-born Hispanics/Latinos.



- Objective 1:** Examine the differences in the stage of new HIV diagnoses between US-born and non-US-born Hispanics/Latinos in Georgia.
- Objective 2:** Examine HIV care continuum measures between US-born and non-US-born Hispanics/Latinos in Georgia, to determine if non-US-born Hispanics/Latinos may benefit from additional HIV public health care support systems.

## Methods

- Country of birth data for Hispanic/Latino patients was obtained from Georgia's enhanced HIV/AIDS Reporting System (eHARS).
- Patients were grouped into two categories: **US-born Hispanic/Latino** or **non-US-born Hispanic/Latino**. Patients with missing country of birth data were excluded from the analysis.
- Comparisons were performed by Pearson Chi-Square analysis, using SAS Statistical Software 9.2. Results were considered significant at  $p < 0.05$ .
- Late HIV Diagnoses: CD4 count of  $<200$  cells/ $\mu$ l (AIDS) within 12 months of a patient's HIV diagnosis.
- HIV care continuum measures examined:
  - Linkage to care (LTC):**  $\geq 1$  lab encounter (CD4/viral load [VL]) within 30 days of diagnosis.
  - Engagement in care (EC):**  $\geq 1$  lab encounter (CD4/VL) during the year.
  - Retention in care (RC):**  $\geq 2$  lab encounters (CD4/VL) at least 90 days apart during the year.
  - Viral suppression (VS):** Most recent VL test in year was  $<200$  copies/mL.
  - Viral suppression among those retained in care (VS/R):** Among those with  $\geq 2$  lab encounters during the year, most recent VL test was  $<200$  copies/mL.

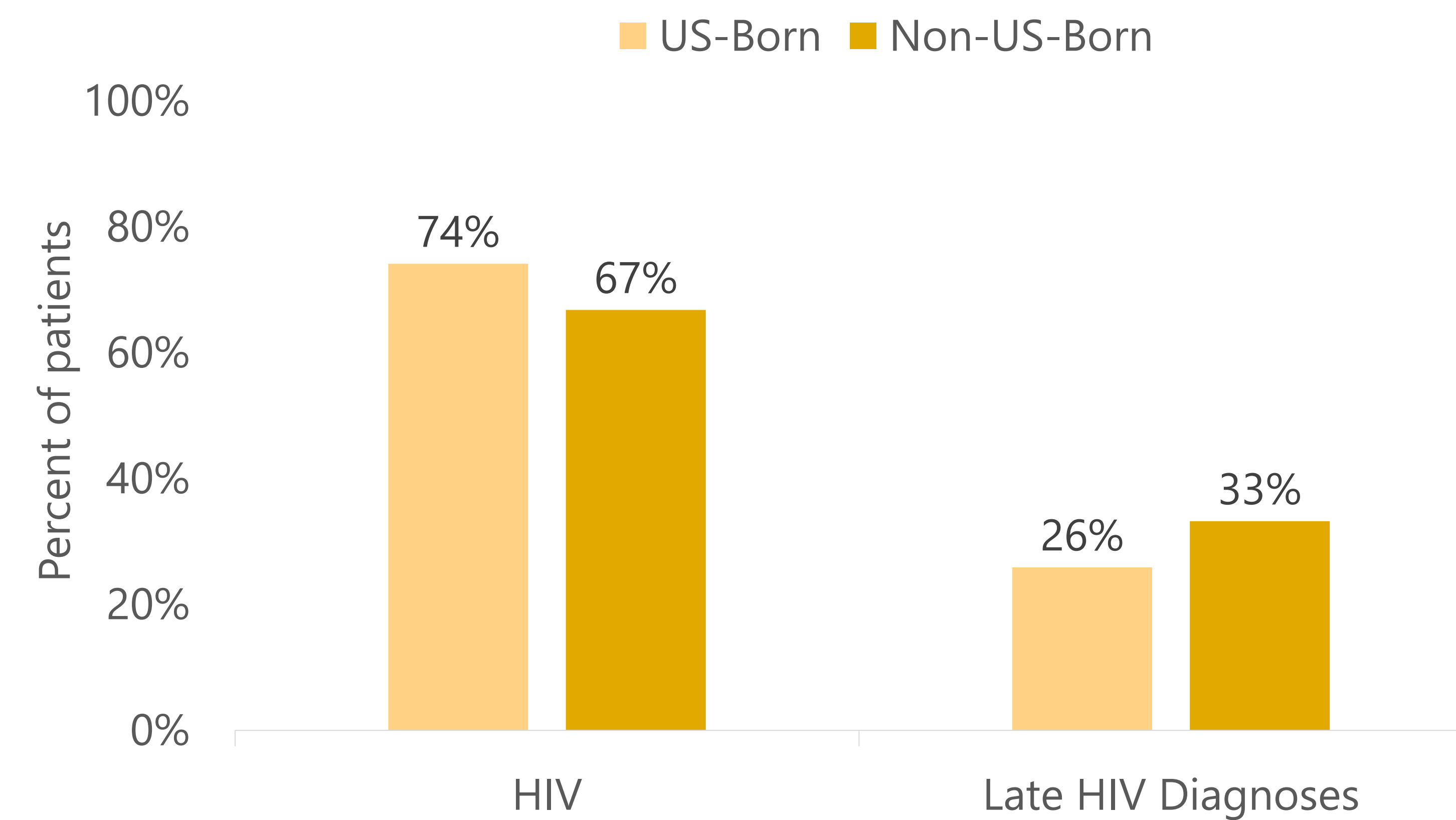
(Note: A patient's CD4/VL laboratory tests serve as a representation for an HIV care visit. LTC was calculated for patients who were diagnosed in Georgia, and whose address at HIV diagnosis was within Georgia, from 2017-2021. EC, RC, VS, and VS/R measures were calculated for patients living with HIV for one or more years in 2021, and whose last address in 2021 was within Georgia.

## Results

- From 2017 to 2021, there were 1,088 new HIV diagnoses among the Hispanic/Latino population in Georgia; of which 43% (n=471) had country of birth data available in their HIV surveillance record.

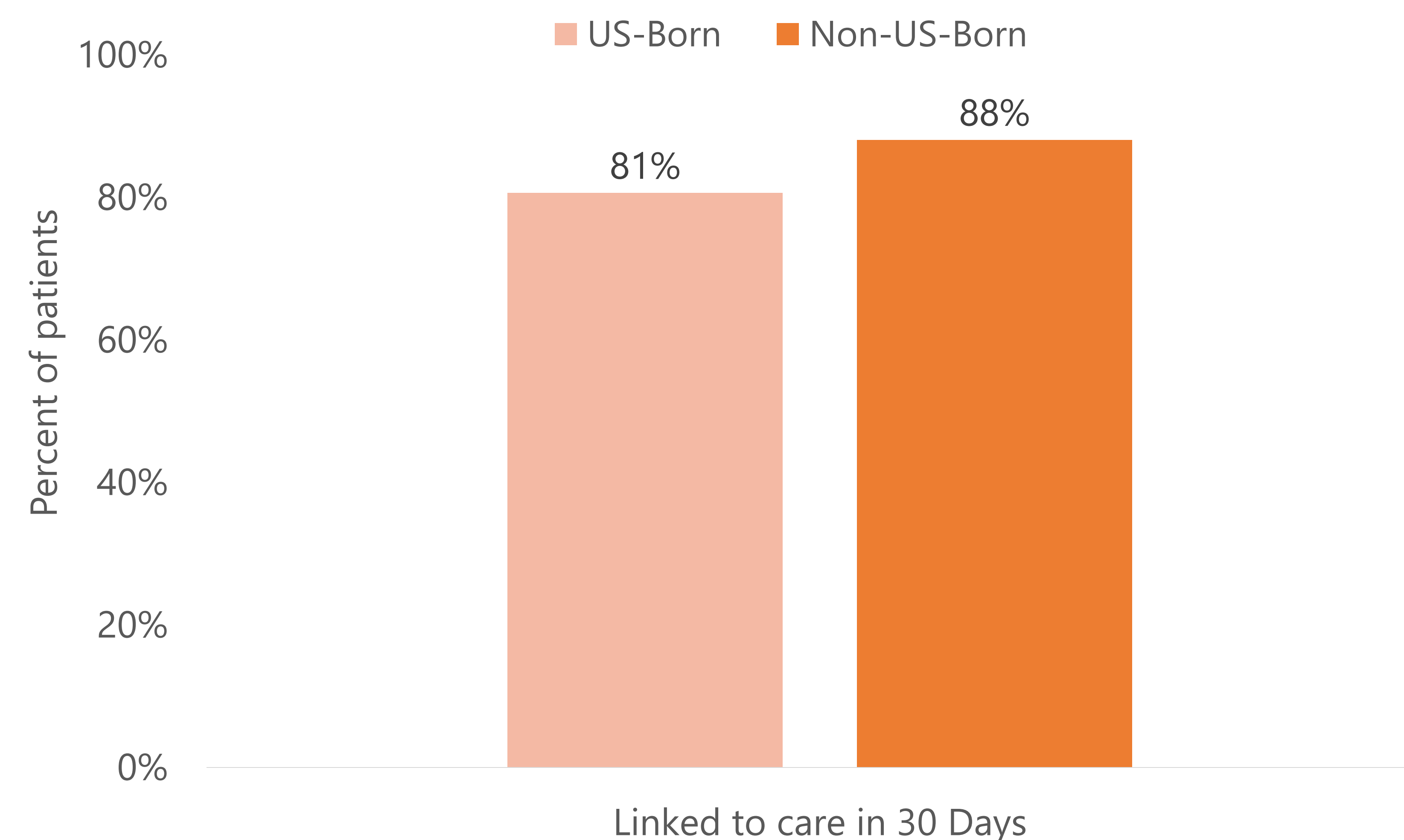
**Figure 1. HIV and late HIV diagnoses among newly diagnosed Hispanics/Latinos in Georgia, 2017-2021**

- The proportion of late HIV diagnoses was higher among the non-US-born Hispanic/Latino population (33%) than the US-born Hispanic/Latino population (26%).



**Figure 2. Linkage to care in 30 days among newly diagnosed Hispanics/Latinos in Georgia, 2017-2021**

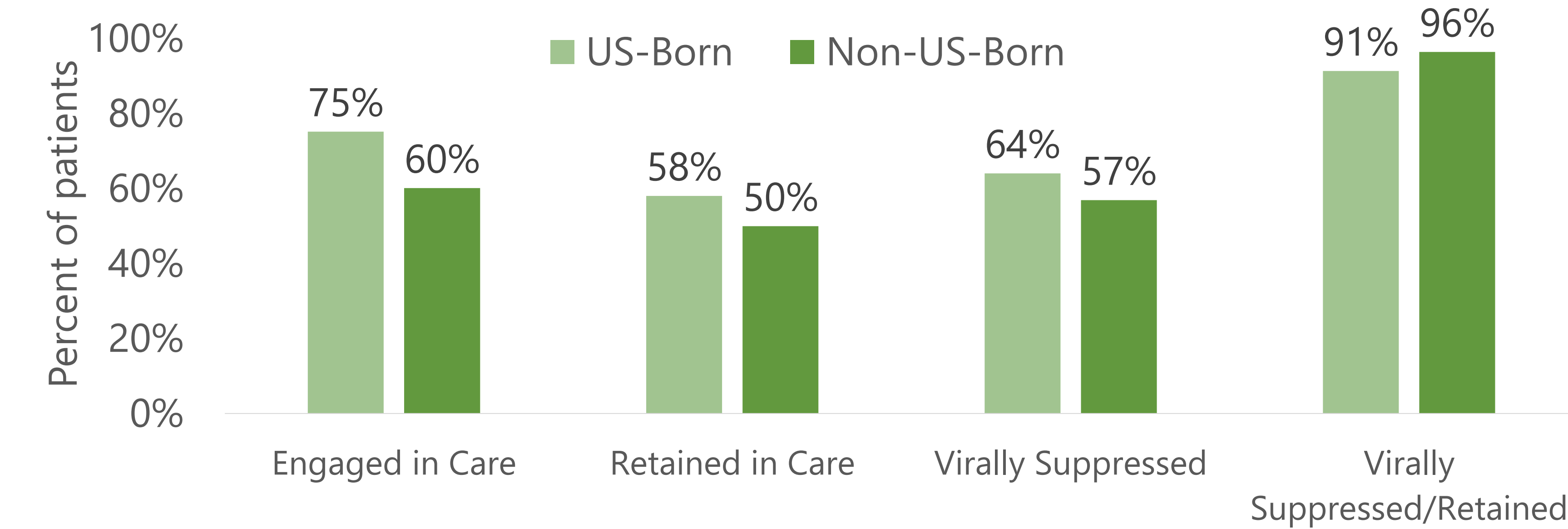
- From 2017-2021, more non-US-born Hispanics/Latinos (88%) were linked to care in 30 days than US-born Hispanics/Latinos (81%) ( $p < 0.05$ ).



## Results (continued)

**Figure 3. HIV care continuum measures among Hispanics/Latinos living with HIV in Georgia, 2021**

- As of the end of 2021, there were 4,823 Hispanics/Latinos living with HIV in Georgia, of which 60% (n=2,909) had country of birth data available in their HIV surveillance record.
- In 2021, proportions for EC, RC, and VS measures were higher among the US-born Hispanic/Latino population than the non-US-born Hispanic/Latino population. However, the proportion for VS/R was higher for non-US-born than US-born Hispanics/Latinos ( $p < 0.05$ ).



## Conclusion and Discussion

- Late HIV diagnoses were more prevalent among non-US-born Hispanics/Latinos.
- Among non-US-born Hispanics/Latinos, measures of ongoing care were lower compared to with US-born Hispanics/Latinos.
- Lack of engagement in care and retention in care may be resulting in lower attainment of viral suppression among non-US-born Hispanics/Latinos.
- When non-US-born Hispanics/Latinos are retained in care, they achieve viral suppression at higher rates than US born Hispanics/Latinos.
- Non-US-born Hispanics/Latinos may benefit from additional HIV care support systems or services regarding education on HIV testing and maintenance of HIV care.

### Limitations:

- Less than half of the newly diagnosed population had country of birth data available in their HIV surveillance record.

### Public Health Implications:

- Additional information on country of birth is necessary to make recommendations on risk factors for maintenance of HIV care for Hispanics/Latinos in Georgia.
- Efforts are currently under way at the Georgia Department of Public Health to prioritize obtaining country of birth data.

## References

- Lee, J., & Yu, G., (2018, August 14). HIV Testing, Risk Behaviors, and Fear: A Comparison of Documented and Undocumented Latino Immigrants. SpringerLink. Retrieved February 1, 2023, from [https://link.springer.com/article/10.1007/s10461-018-2251-x?error=cookies\\_not\\_supported&code=aa385bc6-ec4b-4d3e-919f-f4a25ee5932](https://link.springer.com/article/10.1007/s10461-018-2251-x?error=cookies_not_supported&code=aa385bc6-ec4b-4d3e-919f-f4a25ee5932)
- Sheehan, DM., Trepka, MJ., & Dillon, FR. (2014, May 18). Latinos in the United States on the HIV/AIDS care continuum by birth country/region: a systematic review of the literature. Retrieved February 1, 2023, from *International Journal of STD & AIDS*, 26(1), 1-12. <https://doi.org/10.1177/0956462414532242>